| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MICHIGAN | = | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | | |
|-----|---|---|---|---|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Dawn First name Marie | - | First name |
| | license or passport). | Middle name | _ | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Nobiling Last name and Suffix (Sr., Jr., II, III) | _ | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | FKA Dawn Marie Falsetti | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3320 | | |

| Debtor 1 | Dawn Marie Nobiling | Case number (if known | 7) |
|----------|---------------------|-----------------------|----|
| | | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 200 Farr St Commerce Township, MI 48382 Number, Street, City, State & ZIP Code Oakland County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code |
| | | Number, 1.9. Box, Street, Sity, State & Zii Gode | Number, 1.0. Box, Street, Oity, State & Zii Gode |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |

| 7. | The chapter of the Bankruptcy Code you are choosing to file under | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 | | | | | | |
|---|---|--|------------|---|------------------------------------|--|--------------------|--|
| | | ☐ Chap | | | | | | |
| | | ☐ Chap | | | | | | |
| | | ☐ Chap | | | | | | |
| | | — Опар | 101 10 | | | | | |
| 8. | How you will pay the fee | ab ord | out how yo | ou may pay. Typica attorney is submit | ally, if you are paying the fee yo | ck with the clerk's office in your local cour burself, you may pay with cash, cashier's alf, your attorney may pay with a credit c | check, or money | |
| | | | | | | on, sign and attach the Application for Ind | dividuals to Pay | |
| The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a but is not required to, waive your fee, and may do so only if your income is less than 150% of the official po | | | | | | al poverty line that | | |
| | | | | | | n installments). If you choose this option, cial Form 103B) and file it with your petiti | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | |
| | | | District | | | Case number | | |
| | | | District | | When | Case number | | |
| | | | District | | When | Case number | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | | |
| | residence? | ☐ Yes. | Has yo | our landlord obtain | ed an eviction judgment agains | st you? | | |
| | | | | No. Go to line 12 | | | | |
| | | | | Yes. Fill out <i>Initia</i> this bankruptcy p | | Judgment Against You (Form 101A) and | file it as part of | |

Case number (if known)

Debtor 1 Dawn Marie Nobiling

| Deb | otor 1 Dawn Marie Nobil | ing | | | Case number (if known) |
|---|---|------------|-----------------------|---|--|
| | | | | | |
| Par | Report About Any Bu | ısinesses | You Ow | n as a Sole Proprie | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | e and location of bus | siness |
| | A sole proprietorship is a | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | e of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numl | per, Street, City, Sta | te & ZIP Code |
| | it to this petition. | | Chec | k the appropriate bo | ox to describe your business: |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Rea | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | e |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | | deadline | s. If you ins, cash-f | ndicate that you are low statement, and | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am | not filing under Chap | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am | filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | · Have Anv | / Hazard | ous Property or An | y Property That Needs Immediate Attention |
| | Do you own or have any | ■ No. | | .,,,, | , ,, , , , , , , , , , , , , , , , , , , |
| | property that poses or is | | | | |
| | alleged to pose a threat of imminent and | ☐ Yes. | What is | the hazard? | |
| | identifiable hazard to public health or safety? | | | | |
| | Or do you own any | | | | |
| | property that needs immediate attention? | | | diate attention is , why is it needed? | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | Where i | s the property? | |
| | | | | | Number, Street, City, State & Zip Code |
| | | | | | |
| | | | | | |
| | | | | | |

Debtor 1 Dawn Marie Nobiling

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Dawn Marie Nobil | ing | | Case number | (if known) | | | |
|-----|--|---------------|---|--|---|--|--|--|
| Par | t 6: Answer These Quest | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily consuindividual primarily for a personal | | ned in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | 5 1 | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you owe t | hat are not consumer debts or business | s debts | | | |
| | | - | | | | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. G | o to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | | ou estimate that after any exempt prope ble to distribute to unsecured creditors? | erty is excluded and administrative expenses | | | |
| | administrative expenses | | ■ No | | | | | |
| | are paid that funds will be available for | | □Yes | | | | | |
| | distribution to unsecured creditors? | | | | | | | |
| 18. | How many Creditors do | ■ 1-49 | | ☐ 1,000-5,000 | ☐ 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 | | 5001-10,000 | 5 0,001-100,000 | | | |
| | owe. | 100-19 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| | | 200-99 | 9 | | | | | |
| 19. | How much do you estimate your assets to | □ \$0 - \$5 | • | □ \$1,000,001 - \$10 million | \$500,000,001 - \$1 billion | | | |
| | be worth? | | 1 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$100,000,001 - \$100 million | ☐ More than \$50 billion | | | |
| 20 | Harrison da con | | | — | — | | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 | 0,000 01 - \$100,000 | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion | | | |
| | to be? | | 01 - \$500,000 | □ \$50,000,001 - \$30 million | □ \$10,000,000,001 - \$10 billion | | | |
| | | | 01 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| Par | t 7: Sign Below | | | | | | | |
| | you | I have exa | mined this petition, and I declare | under penalty of perjury that the inform | nation provided is true and correct. | | | |
| | • | | • | | under Chapter 7, 11,12, or 13 of title 11, | | | |
| | | | | available under each chapter, and I cho | | | | |
| | | | attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this ment, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request r | elief in accordance with the chap | ter of title 11, United States Code, spec | ified in this petition. | | | |
| | | | derstand making a false statement, concealing property, or obtaining money or property by fraud in connection with a kruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 3571 | | | | | |
| | | Dawn Ma | Marie Nobiling arie Nobiling of Debtor 1 | Signature of Debtor | 2 | | | |
| | | Executed | on January 09, 2019 | Executed on | | | | |
| | | | MM / DD / YYYY | | / DD / YYYY | | | |
| | | | | | | | | |

| Debtor 1 | btor 1 Dawn Marie Nobiling | | Case number (if known) | |
|----------|----------------------------|---|---|---------------------------------|
| | | | | |
| For your | attorney, if you are | I, the attorney for the debtor(s) named in this petitio | n. declare that I have informed the debtor(| s) about eligibility to proceed |

represented by one If you are not represented by an attorney, you do not need to file this page. under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Rebekah L. Chor | Date | January 09, 2019 |
|--|---------------|------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Rebekah L. Chor P75978 | | |
| Printed name | | |
| Law Office of Rebekah Chor | | |
| Firm name | | |
| 3321 Greenfield Rd. Ste. 2 | | |
| Dearborn, MI 48120 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (313) 724-7890 | Email address | Rebekah.Chor@gmail.com |
| P75978 MI | | |
| Bar number & State | | |

| Fill i | n this inform | ation to identify your ca | se: | | | |
|------------------|---------------------------------|---|-----------------------------|--|--------------|----------------------------------|
| Debt | | Dawn Marie Nobilin | g | | | |
| Debt | or 2 | First Name | Middle Name | Last Name | | |
| | se if, filing) | First Name | Middle Name | Last Name | | |
| Unite | ed States Ban | kruptcy Court for the: | EASTERN DISTRICT (| DF MICHIGAN | | |
| Case (if know | e number | | | | | ck if this is an inded filing |
| Sun | nmary of | | | nd Certain Statistical Information | | 12/15 |
| inforr | nation. Fill o original form | ut all of your schedules | first; then complete t | he information on this form. If you are filing ame k the box at the top of this page. | | |
| | | | | | | assets of what you own |
| 1. | Schedule A/ 1a. Copy line | 3: Property (Official Form 55, Total real estate, from | n 106A/B) n Schedule A/B | | . \$ | 90,000.00 |
| | 1b. Copy line | 62, Total personal proper | ty, from Schedule A/B. | | . \$ | 24,534.86 |
| | 1c. Copy line | 63, Total of all property o | n Schedule A/B | | \$ | 114,534.86 |
| Part | 2: Summa | rize Your Liabilities | | | | |
| | | | | | | liabilities Int you owe |
| | | Creditors Who Have Clain total you listed in Column | | y (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i> . | \$ | 111,841.00 |
| | | : Creditors Who Have Un total claims from Part 1 (| | al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i> | . \$ | 0.00 |
| | 3b. Copy the | total claims from Part 2 (| nonpriority unsecured o | claims) from line 6j of Schedule E/F | . \$ | 39,415.99 |
| | | | | Your total liabilitie | s \$ | 151,256.99 |
| Part | 3: Summa | rize Your Income and Ex | rpenses | | | |
| | | <i>four Incom</i> e (Official Form mbined monthly income for | | e I | \$ | 2,452.77 |
| | | onthly expenses (Official Fo | | | \$ | 2,409.00 |
| Part - | 4: Answer | These Questions for Ac | Iministrative and Stat | tistical Records | | |
| | • | g for bankruptcy under (have nothing to report on | | Check this box and submit this form to the court with | your other s | chedules. |
| 7. | ■ Yes What kind o | debt do you have? | | | | |
| | ■ Your de | hts are primarily consu | ner debts. Consumer | debts are those "incurred by an individual primarily f | or a nerson: | al family or |

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,810.33

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | im |
|--|-----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 4,872.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 4,872.00 |

| | Dawn Marie | Nobilina | | | |
|----------------------------------|------------------------------------|----------------------|---|---|--|
| | First Name | | e Name Last Name | | |
| ebtor 2 pouse, if filing) | First Name | Middle | e Name Last Name | | |
| nited States Bank | ruptcy Court fo | r the: EASTERN | DISTRICT OF MICHIGAN | | |
| ase number | | | | | ☐ Check if this is a |
| | | | | | amended filing |
| | | | | | |
| fficial Form | m 106A/E | 3 | | | |
| chedule | A/B: P | roperty | | | 12/15 |
| | ve any legal or e | <u> </u> | ther Real Estate You Own or Have an Interest In any residence, building, land, or similar property? | | |
| | | | | | |
| 1208 S Mas | ON vailable, or other de | scription | What is the property? Check all that apply ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative | the amount of any secu | claims or exemptions. Put red claims on <i>Schedule D:</i> aims Secured by Property. |
| Street address, if a | vailable, or other de | | ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home | the amount of any secu Creditors Who Have Ck | red claims on Schedule D: aims Secured by Property. Current value of the |
| 1208 S Mas | vailable, or other de | 61701-0000 ZIP Code | Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of any secu Creditors Who Have Cla | red claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| Street address, if a | n IL | 61701-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | the amount of any secu Creditors Who Have Cla Current value of the entire property? \$90,000.00 Describe the nature of | current value of the portion you own? \$\frac{990,000.0}{990,000.0}\$ |
| Street address, if a | n IL | 61701-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | the amount of any secu Creditors Who Have Cla Current value of the entire property? \$90,000.00 Describe the nature of | Current value of the portion you own? \$90,000.0 f your ownership interest enancy by the entireties, or |
| Street address, if a | n IL | 61701-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | Current value of the entire property? \$90,000.00 Describe the nature of (such as fee simple, to a life estate), if known Owner - Redempti | Current value of the portion you own? \$90,000.0 f your ownership interest enancy by the entireties, contion interest. |
| Street address, if a | n IL | 61701-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | Current value of the entire property? \$90,000.00 Describe the nature of (such as fee simple, to a life estate), if known | Current value of the portion you own? \$90,000.0 f your ownership interest enancy by the entireties, out tion Interest. |
| Street address, if a | n IL | 61701-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one | current value of the entire property? \$90,000.00 Describe the nature of (such as fee simple, te a life estate), if known Owner - Redempti Redemption Expi | Current value of the portion you own? \$90,000.0 f your ownership interest enancy by the entireties, o. tion Interest. res 05-09-2019 |
| 1208 S Mass Street address, if a | n IL | 61701-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another | the amount of any secu Creditors Who Have Ck Current value of the entire property? \$90,000.00 Describe the nature of (such as fee simple, to a life estate), if known Owner - Redempti Redemption Expi | Current value of the portion you own? \$90,000.0 f your ownership interest enancy by the entireties, out tion Interest. |
| 1208 S Mass Street address, if a | n IL | 61701-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | the amount of any secu Creditors Who Have Ck Current value of the entire property? \$90,000.00 Describe the nature of (such as fee simple, to a life estate), if known Owner - Redempti Redemption Expi | Current value of the portion you own? \$90,000.0 f your ownership interest enancy by the entireties, c. tion Interest. Ires 05-09-2019 |
| 1208 S Mass Street address, if a | n IL | 61701-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Other information you wish to add about this if | the amount of any secu Creditors Who Have Ck Current value of the entire property? \$90,000.00 Describe the nature of (such as fee simple, to a life estate), if known Owner - Redempti Redemption Expi | Current value of the portion you own? \$90,000.0 f your ownership interest enancy by the entireties, on the control of the portion you own? \$100 Interest. \$100 Interest. |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debto | or 1 Dawn Marie | Nobiling | | Case number (i | f known) | |
|--------|---|---|---|---------------------|----------------------|---|
| . Cai | rs, vans, trucks, tract | tors, sport utility v | rehicles, motorcycles | | | |
| | No. | | | | | |
| | | | | | | |
| | res | | | | | |
| 3.1 | Make: | | Who has an interest in the property? Check one | Do not de | educt secured c | laims or exemptions. Put |
| J. I | Model: | | Debtor 1 only | | | ed claims on Schedule D: ims Secured by Property. |
| | Year: | | Debtor 2 only | | | |
| | Approximate mileage: | | Debtor 1 and Debtor 2 only | entire pr | value of the operty? | Current value of the portion you own? |
| | Other information: | | ☐ At least one of the debtors and another | | | |
| | 2010 Toyota Corre | | _ | | ¢ E E00 00 | #5 500 00 |
| | Approx ODR: 100 | | ☐ Check if this is community property (see instructions) | | \$5,500.00 | \$5,500.00 |
| | Debtor's Son's Po | ession | (See Instructions) | | | |
| _ | r'es | the portion you o | wn for all of your entries from Part 2, includin | g any entries foi | . [| ΦΕ 500 00 |
| | | | e that number here | | | \$5,500.00 |
| Part 3 | Describe Your Perso | nal and Household | Items | | | |
| Do yo | ou own or have any lo | egal or equitable i | nterest in any of the following items? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Ex | usehold goods and f amples: Major applian No Yes. Describe | | s, china, kitchenware | | | |
| | | | | | | |
| | | FURNTIURE: L | Living Room, 1 Bedroom | | | |
| | | APPLIANCES: Appliances | Washer, Dryer, Stove, Refridgerator, Sm | nall Kitchen | | |
| | | HOUSEHOLD Debtor's Poss | GOODS & FURNISHINGS: Misc. ession | | | \$2,000.00 |
| Ex | including cell | | deo, stereo, and digital equipment; computers, pr media players, games | rinters, scanners; | music collecti | ons; electronic devices |
| | | ELECTRONICS Debtor's Poss | S: 1 TV, 3 Phones, 1 Tablet, 1 Smart Wate ession | ch | | \$1,500.00 |
| | | figurines; paintings ons, memorabilia, c | s, prints, or other artwork; books, pictures, or othe collectibles | r art objects; stan | np, coin, or ba | seball card collections; |
| | No | | | | | |
| | Yes. Describe | | | | | |

| De | ebtor 1 | Dawn Marie Nobiling | Case number (if | known) |
|-----|-------------------------------------|---|--|---|
| 9. | | nt for sports and hobbies s: Sports, photographic, exercise, and other hobby musical instruments | equipment; bicycles, pool tables, golf clubs, skis; o | anoes and kayaks; carpentry tools; |
| | ☐ Yes. [| Describe | | |
| 10. | ■ No | s es: Pistols, rifles, shotguns, ammunition, and relate Describe | d equipment | |
| 11. | . Clothes Example □ No | es: Everyday clothes, furs, leather coats, designer | wear, shoes, accessories | |
| | Yes. [| Describe | | |
| | | Clothes, Shoes, Outerwear, Debtor's Possession | Accessories | \$500.00 |
| 12. | □ No | es: Everyday jewelry, costume jewelry, engagemen Describe 2 Sapphire & Silver Rings (F Amythesyt Ring (Purchase I (Purchase Price = \$200), 1 G Price = \$80), 1 Pair Diamond | Purchase Price = \$100), 1 Silver and Price = \$80), 1 Gold Class Ring Gold and Aquamarine Ring (Purchase I Earrings (Purchase Price = \$100), 1 | gems, gold, silver |
| | | Pair Sapphire Earrings (Pure Jewlery Debtor's Possession | chase Price = \$40), Various Costume | \$350.00 |
| 13. | Example No | m animals es: Dogs, cats, birds, horses Describe | | |
| 14. | ■ No | er personal and household items you did not al | ready list, including any health aids you did no | t list |
| 15 | | ne dollar value of all of your entries from Part 3, it 3. Write that number here | | sed \$4,350.00 |
| | | cribe Your Financial Assets | | |
| De | o you owr | n or have any legal or equitable interest in any o | f the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | es: Money you have in your wallet, in your home, in | | ur petition |
| | | | Cash Debtor's Possessio | n \$5.00 |
| | | | | |

| De | ebtor 1 Dawn Marie Nobiling | Case number (if known) | |
|-----|---|--|----------------------|
| 17. | institutions. If you have multiple accounts wit | s; certificates of deposit; shares in credit unions, brokerage houses, ar h the same institution, list each. | nd other similar |
| | □ No ■ Yes | Institution name: | |
| _ | 17.1. | Genisys Checking & Savings Account | \$1,005.00 |
| | 17.2. | CEFCU Checking Account 461 | \$0.00 |
| _ | 17.3. | CEFCU Checking Account 216 | \$264.86 |
| | 17.4. | CEFCU Savings Account 946-000 | \$5.00 |
| | 17.5. | CEFCU Savings Account 321-000 | \$5.00 |
| | Examples: Bond funds, investment accounts with broker No No Non-publicly traded stock and interests in incorporat joint venture No Yes. Give specific information about them | | .C, partnership, and |
| | Name of entity: Government and corporate bonds and other negotials. Negotiable instruments include personal checks, cashier Non-negotiable instruments are those you cannot transfe ■ No Yes. Give specific information about them Issuer name: | rs' checks, promissory notes, and money orders. | |
| 21. | Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(l ■ No □ Yes. List each account separately. Type of account: | b), thrift savings accounts, or other pension or profit-sharing plans Institution name: | |
| 22. | Security deposits and prepayments Your share of all unused deposits you have made so that | | ners |
| 23. | Annuities (A contract for a periodic payment of money to | o you, either for life or for a number of years) | |
| | ■ No □ Yes | | |
| 24. | Interests in an education IRA, in an account in a quali 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | engrately file the records of any interests 11 LLS C & 521(c): | |
| 25 | | eparately file the records of any interests.11 U.S.C. § 521(c): r than anything listed in line 1), and rights or powers exercisable | for your benefit |

■ No

| De | eptor 1 Dawn Marie Nobiling | | Case number | (if known) |
|----|--|---|--------------------------------------|---|
| | ☐ Yes. Give specific information ab | out them | | |
| | . Patents, copyrights, trademarks, | trade secrets, and other intellectual pi websites, proceeds from royalties and li | | |
| | ■ No | websites, proceeds from royalites and in | sensing agreements | |
| | ☐ Yes. Give specific information ab | out them | | |
| | ■ No | ive licenses, cooperative association hol | dings, liquor licenses, professior | nal licenses |
| | ☐ Yes. Give specific information ab | out them | | |
| Me | oney or property owed to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | . Tax refunds owed to you ☐ No | | | |
| | ■ Yes. Give specific information about | out them, including whether you already | filed the returns and the tax year | s |
| | | 2018 Federal and State Tax | Refund | \$2,000.00 |
| | □ No ■ Yes. Give specific information | Money owed to Debtor for R pursuant to court order | | |
| | | tuition) | (101 0011 0 | \$1,400.00 |
| | | Child Support owed to Debt | or | \$10,000.00 |
| | | ou / insurance payments, disability benefits, /ou made to someone else | sick pay, vacation pay, workers | s' compensation, Social Security |
| | Interests in insurance policies | insurance; health savings account (HSA |); credit, homeowner's, or renter | 's insurance |
| | ■ No | | | |
| | Yes. Name the insurance compar Comp | ny of each policy and list its value. any name: | Beneficiary: | Surrender or refund value: |
| | | ue you from someone who has died trust, expect proceeds from a life insura | nce policy, or are currently entitle | ed to receive property because |
| | | ther or not you have filed a lawsuit or disputes, insurance claims, or rights to s | | |

Official Form 106A/B

page 5

Schedule A/B: Property

| Debtor | Dawn Marie Nobiling | | Case number (if known) | |
|-----------------|---|----------------------------|-----------------------------|-------------------------|
| 34. Otl | ner contingent and unliquidated claims of every nature, inclu | ıding counterclaims (| of the debtor and rights to | set off claims |
| | No | | | |
| | es. Describe each claim | | | |
| 35. An | y financial assets you did not already list | | | |
| | | | | |
| | es. Give specific information | | | |
| | | | [| |
| | dd the dollar value of all of your entries from Part 4, includin or Part 4. Write that number here | | , | \$14,684.86 |
| Part 5: | Describe Any Business-Related Property You Own or Have an Inter | est In. List any real esta | ate in Part 1. | |
| 37. Do 9 | - you own or have any legal or equitable interest in any business-relate | ed property? | | |
| | o. Go to Part 6. | , | | |
| □ Ye | es. Go to line 38. | | | |
| | | | | |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property You | Own or Have an Interes | st In. | |
| | If you own or have an interest in farmland, list it in Part 1. | | | |
| 46. Do | you own or have any legal or equitable interest in any farm- | or commercial fishin | ng-related property? | |
| | No. Go to Part 7. | | | |
| | Yes. Go to line 47. | | | |
| | | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| 53. Do | you have other property of any kind you did not already list' | ? | | |
| | camples: Season tickets, country club membership | | | |
| | lo . | | | |
| | es. Give specific information | | | |
| 54 A | dd the dollar value of all of your entries from Part 7. Write th | at number here | Γ | \$0.00 |
| J4. A | du the donar value of all of your entries from Fart 7. Write th | at number nere | | φυ.υυ |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55 P | art 1: Total real estate, line 2 | | | \$90.000.00 |
| | art 2: Total vehicles, line 5 | \$5,500.00 | | Ψ30,000.00 |
| | art 3: Total personal and household items, line 15 | \$4,350.00 | | |
| | art 4: Total financial assets, line 36 | \$14,684.86 | | |
| | art 5: Total business-related property, line 45 | \$0.00 | | |
| | art 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. P | art 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. T | otal personal property. Add lines 56 through 61 | \$24,534.86 | Copy personal property to | stal \$24,534.86 |
| 63. T | otal of all property on Schedule A/B. Add line 55 + line 62 | | | \$114,534.86 |
| | | | L | |

| Fil | l in this inform | ation to identify your o | ase: | | | | | |
|--------------------------|---|--|---|---|--|---|--|---|
| De | btor 1 | Dawn Marie Nobil | ina | | | | | |
| | | First Name | Middle Name | | Last Name | | | |
| 1 | ebtor 2 ouse if, filing) | First Name | Middle Name | | Last Name | | | |
| Un | ited States Bar | kruptcy Court for the: | EASTERN DISTRIC | CT OF MICHI | GAN | | | |
| Ca | ise number | | | | | | | |
| 1 | nown) | | | | | | ☐ Check if this is an | |
| | | | | | | | amended filing | |
| O: | fficial For | m 106C | | | | | | |
| | | e C: The Pro | nerty Vol | ı Clain | as Evemn | \ + | 4/16 | |
| <u> </u> | chedule | C. IIIE FIC | perty roc | Clain | i as Exemp | <i>γ</i> ι | 4/16 | |
| the nee | property you lis | sted on <i>Schedule A/B: P</i> I attach to this page as r | roperty (Official Form | 106A/B) as y | our source, list the prop | perty that you | supplying correct information. Using claim as exempt. If more space is additional pages, write your name ar | |
| spe any fun exe | ecific dollar am applicable stade ds—may be un emption to a pa | ount as exempt. Alteri atutory limit. Some exe nlimited in dollar amou | natively, you may cla mptions—such as t nt. However, if you | aim the full fa hose for hea claim an exe | air market value of the llth aids, rights to rece mption of 100% of fair | property bei eive certain be market value | One way of doing so is to state a ng exempted up to the amount of enefits, and tax-exempt retirement e under a law that limits the your exemption would be limited | |
| Pa | rt 1: Identify | the Property You Cla | im as Exempt | | | | | _ |
| 1. | Which set of | exemptions are you cl | aiming? Check one o | only, even if y | our spouse is filing with | you. | | |
| | ☐ You are cla | iming state and federal | nonbankruptcy exemp | ptions. 11 U | S.C. § 522(b)(3) | | | |
| | You are cla | iming federal exemption | s. 11 U.S.C. § 522(b | b)(2) | | | | |
| 2. | For any prop | erty you list on Schedu | ıle A/B that you claiı | m as exempt | , fill in the information | below. | | |
| | | on of the property and line hat lists this property | on Current value | | nount of the exemption y | ou claim | Specific laws that allow exemption | |
| | | | Copy the valu Schedule A/B | | neck only one box for each | exemption. | | |

FURNTIURE: Living Room, 1 11 U.S.C. § 522(d)(3) \$2,000.00 \$2,000.00 **Bedroom** 100% of fair market value, up to APPLIANCES: Washer, Dryer, Stove, any applicable statutory limit Refridgerator, Small Kitchen **Appliances HOUSEHOLD GOODS & FURNISHINGS: Misc. Debtor's Possession** Line from Schedule A/B: 6.1 **ELECTRONICS: 1 TV, 3 Phones, 1** 11 U.S.C. § 522(d)(3) \$1,500.00 \$1,500.00 Tablet, 1 Smart Watch **Debtor's Possession** 100% of fair market value, up to

Official Form 106C

Schedule C: The Property You Claim as Exempt

\$500.00

11 U.S.C. § 522(d)(3)

Line from Schedule A/B: 7.1

Debtor's Possession

Line from Schedule A/B: 11.1

Accessories

Clothes, Shoes, Outerwear,

\$500.00

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own Copy the value from | ou own | | Specific laws that allow exemption |
|---|---|---|----------|---|------------------------------------|
| | | Schedule A/B | One | ck only one box for each exemption. | |
| | 2 Sapphire & Silver Rings (Purchase Price = \$100), 1 Silver and Amythesyt | \$350.00 | | \$350.00 | 11 U.S.C. § 522(d)(4) |
| | Ring (Purchase Price = \$80), 1 Gold Class Ring (Purchase Price = \$200), 1 Gold and Aquamarine Ring (Purchase Price = \$80), 1 Pair Diamond Earrings (Purchase Price = \$100), 1 Pair Sap Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash Debtor's Possession | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 16.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Genisys Checking & Savings Account | \$1,005.00 | | \$1,005.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | CEFCU Checking Account 216 Line from Schedule A/B: 17.3 | \$264.86 | | \$264.86 | 11 U.S.C. § 522(d)(5) |
| | Zine nem concaute / v.z. 1110 | | | 100% of fair market value, up to any applicable statutory limit | |
| | CEFCU Savings Account 946-000 Line from Schedule A/B: 17.4 | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | CEFCU Savings Account 321-000 Line from Schedule A/B: 17.5 | \$5.00 | | \$5.00 | 11 U.S.C. § 522(d)(5) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2018 Federal and State Tax Refund Line from Schedule A/B: 28.1 | \$2,000.00 | | \$2,000.00 | 11 U.S.C. § 522(d)(5) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Money owed to Debtor for Reimbursement pursuant to court | \$1,400.00 | | \$1,400.00 | 11 U.S.C. § 522(d)(5) |
| | order (for son's tuition) Line from Schedule A/B: 29.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Child Support owed to Debtor Line from Schedule A/B: 29.2 | \$10,000.00 | | \$10,000.00 | 11 U.S.C. § 522(d)(10)(D) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 No Yes. Did you acquire the property covere No Yes | Byears after that for ca | ises fil | • | • |

| Fill in this inform | nation to identify you | r 0250: | | | | |
|--------------------------------------|------------------------------|---|-----------------|-----------------------------------|--|-------------------|
| Debtor 1 | | | | | | |
| Debior 1 | Dawn Marie Nob First Name | Middle Name | Last Name | | | |
| Debtor 2 | First Name | Middle None | Lost Nome | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF MICH | IGAN | | | |
| Case number | | | | | | |
| (if known) | | | | | _ | if this is an |
| | | | | | amend | ed filing |
| Official Form | n 106D | | | | | |
| Schedule | D: Creditors | Who Have Claims S | Secure | d by Property | / | 12/15 |
| | | f two married people are filing togethe out, number the entries, and attach it to | | | | |
| , , | have claims secured by | your property? | | | | |
| ` | - | nis form to the court with your other s | schedules. Y | ou have nothing else to | report on this form. | |
| ■ Yes. Fill in | all of the information b | pelow. | | ŭ | • | |
| | I Secured Claims | | | | | |
| | | nore than one secured claim, list the cred | itor separately | Column A | Column B | Column C |
| for each claim. If me | ore than one creditor has | a particular claim, list the other creditors cal order according to the creditor's name | in Part 2. As | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | | • | | value of collateral. | claim | If any |
| 2.1 Loancare Creditor's Name | | Describe the property that secures the | | \$105,994.00 | \$90,000.00 | \$15,994.00 |
| Oreattor 3 Name | • | 1208 S Mason Bloomington, 61701 McLean County | IL | | | |
| PO BOX 8 | 8068 | As of the date you file, the claim is: C apply. | heck all that | | | |
| Virginia B | each, VA 23450 | Contingent | | | | |
| Number, Street, | , City, State & Zip Code | Unliquidated | | | | |
| Who owes the de | bt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as m | ortgage or se | cured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and De | • | ☐ Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| _ | ne debtors and another | Judgment lien from a lawsuit | 0040 | | | |
| ☐ Check if this cla community del | | Other (including a right to offset) | 2013 | | | |
| Date debt was incu | urred 2013 | Last 4 digits of account number | er | | | |
| 2.2 State Farm | n Bank | Describe the property that secures the | ne claim: | \$5,847.00 | \$5,500.00 | \$347.00 |
| Creditor's Name | • | 2010 Toyota Corrolla | | | | |
| | | Approx ODR: 100,000 | | | | |
| DO DOV 5 | 2004 | Debtor's Son's Possession As of the date you file, the claim is: 0 | heck all that | | | |
| PO BOX 5 Madison, ' | | apply. | | | | |
| | City, State & Zip Code | ☐ Contingent ☐ Unliquidated | | | | |
| Who owes the de | bt? Check one. | Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | | ☐ An agreement you made (such as m | ortgage or se | cured | | |
| Debtor 2 only | | car loan) | 5 5 | | | |
| Debtor 1 and De | ebtor 2 only | ☐ Statutory lien (such as tax lien, mech | nanic's lien) | | | |
| | ne debtors and another | ☐ Judgment lien from a lawsuit | • | | | |
| Check if this classic community del | | Other (including a right to offset) | Auto Loan | | | |
| Date debt was incu | urrod 03/2019 | Last 4 digits of account numb | or | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

| Debtor 1 | Dawn Marie N | lobiling | | Case number (if known) | |
|--------------------|---|--|--|---|-----------------------------|
| | First Name | Middle Name | Last Name | | |
| If this is | • | ır entries in Column A on t our form, add the dollar va | this page. Write that number h lue totals from all pages. | \$111,841.00 \$111,841.00 | |
| Part 2: | List Others to Be | e Notified for a Debt Th | at You Already Listed | | |
| trying to than one | collect from you for creditor for any of | r a debt you owe to some | one else, list the creditor in Par | t that you already listed in Part 1. For examp rt 1, and then list the collection agency here. ditors here. If you do not have additional per | Similarly, if you have more |
| Lo 36 | ame, Number, Street, Dancare Servici 537 Sentara Wa Irginia Beach, V | y Ste 303 | | On which line in Part 1 did you enter the crec Last 4 digits of account number | litor? <u>2.1</u> |
| M 1 | ame, Number, Street, RLP N Dearborn Ste hicago, IL 6060 | | | On which line in Part 1 did you enter the crec | litor? 2.1 |

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this info | ormation to identify your o | case: | | | |
|---|--|--|---|---|---|
| Debtor 1 | Dawn Marie Nobil | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | EASTERN DISTRIC | T OF MICHIGAN | | |
| Case number (if known) | | | | | ☐ Check if this is an amended filing |
| Schedule Be as complete a any executory conscience Schedule G: Exe | ontracts or unexpired leases cutory Contracts and Unexpi | e Part 1 for creditors w that could result in a cl red Leases (Official Fo | ith PRIORITY claims and aim. Also list executory rm 106G). Do not include | contracts on Schedule A/B: Prope any creditors with partially secur | ed claims that are listed in |
| left. Attach the C | | | | do not file that Part. On the top of | per the entries in the boxes on the fany additional pages, write your |
| Part 1: List | All of Your PRIORITY Un | secured Claims | | | |
| 1. Do any cred | litors have priority unsecured | d claims against you? | | | |
| No. Go to | Part 2. | | | | |
| ☐ Yes. | | | | | |
| Part 2: List | All of Your NONPRIORIT | Y Unsecured Claims | | | |
| 3. Do any cred | litors have nonpriority unsec | ured claims against yo | u? | | |
| ☐ No. You | have nothing to report in this pa | art. Submit this form to th | e court with your other sch | nedules. | |
| ■ Yes. | | | · | | |
| unsecured c | laim, list the creditor separately | for each claim. For each | claim listed, identify what | o holds each claim. If a creditor has type of claim it is. Do not list claims in three nonpriority unsecured claims | already included in Part 1. If more |
| | | | | | Total claim |
| 4.1 Best I | Buy / CBNA | Last 4 d | igits of account number | | \$1,017.00 |
| Nonprio | ority Creditor's Name OX 6497 | When w | as the debt incurred? | 2013 | |
| | Falls, SD 57117 | | | | |
| | r Street City State Zlp Code curred the debt? Check one. | As of th | e date you file, the claim | is: Check all that apply | |
| ■ Deb | tor 1 only | ☐ Cont | ingent | | |
| ☐ Deb | tor 2 only | ☐ Unlic | uidated | | |
| ☐ Deb | tor 1 and Debtor 2 only | ☐ Disp | uted | | |
| | east one of the debtors and and | ther Type of | NONPRIORITY unsecure | ed claim: | |
| ☐ Che | ck if this claim is for a comn | nunity | ent loans | | |
| debt | laim subject to offset? | ☐ Oblig | pations arising out of a sep s priority claims | aration agreement or divorce that yo | u did not |
| ■ No | | ☐ Debt | s to pension or profit-shari | ng plans, and other similar debts | |
| ☐ Yes | | Othe | r. Specify Credit Car | d Purchases | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Debto | Dawn Marie Nobiling | Case number (if known) | |
|-------|---|---|------------|
| 4.2 | Capital One | Last 4 digits of account number | \$2,497.00 |
| | Nonpriority Creditor's Name PO BOX 30281 Salt Lake City, UT 84130 | When was the debt incurred? 2008 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify | |
| 4.3 | Capital One | Last 4 digits of account number | \$2,075.00 |
| | Nonpriority Creditor's Name PO BOX 30281 | When was the debt incurred? 2012 | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card Purchase | |
| 4.4 | Capital One / Menards | Last 4 digits of account number | \$2,068.00 |
| | Nonpriority Creditor's Name PO BOX 30253 | When was the debt incurred? 2016 | |
| | Salt Lake City, UT 84130 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card Purchases | |

| Debto | r 1 Dawn Marie Nobiling | Case number (if known) | | | | | |
|-------|---|--|-------------|--|--|--|--|
| 4.5 | Choice Recovery Inc | Last 4 digits of account number | \$162.00 | | | | |
| | Nonpriority Creditor's Name P OBOX 20790 Columbus, OH 43220 | When was the debt incurred? 2016 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | Contingent | | | | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | ■ Other. Specify Collection: Bloomington Smile Center | | | | | |
| 4.6 | Citizens Equity FCU Nonpriority Creditor's Name | Last 4 digits of account number | \$17,082.00 | | | | |
| | PO BOX 1715 Peoria, IL 61656 | When was the debt incurred? 2015 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | ■ Other. Specify Auto Repossession | | | | | |
| 4.7 | Citizens Equity FCU | Last 4 digits of account number | \$4,192.00 | | | | |
| | Nonpriority Creditor's Name PO BOX 1715 Peoria, IL 61656 | When was the debt incurred? 2017 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | □ Yes | Other. Specify Unsecured Loan | | | | | |

| Dawn Marie Nobiling | Case number (if known) | | | | |
|--|---|----------|--|--|--|
| Convergent Outsourcing Inc. Nonpriority Creditor's Name 121 NE Jefferson St Ste 100 Peoria, IL 61602 | Last 4 digits of account number When was the debt incurred? 2018 | \$147.00 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| □ Yes | ■ Other. Specify Collection: CBO OSF | | | | |
| Credit Collection Services | Last 4 digits of account number | \$124.00 | | | |
| Nonpriority Creditor's Name PO BOX 710 Plainville, CT 06062 | When was the debt incurred? 2017 | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| ☐ Check if this claim is for a community debt | Student loans | | | | |
| Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Yes | ■ Other. Specify Collection: Frontier Comm Inc | | | | |
| Enhanced Recovery Company | Last 4 digits of account number | \$168.00 | | | |
| Nonpriority Creditor's Name PO BOX 57547 Jacksonville, FL 32241 | When was the debt incurred? 2018 | | | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| Check if this claim is for a community | ☐ Student loans | | | | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| □ Yes | ■ Other. Specify Collection: Comcast Cable Comm | | | | |

| Dawn Marie Nobiling | Case number (if known) | |
|--|---|------------|
| Fedloan Servicing | Last 4 digits of account number | \$4,872.00 |
| Nonpriority Creditor's Name PO BOX 60610 | When was the debt incurred? 2015 | |
| Harrisburg, PA 17106 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecured claim: Student loans | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No □ Yes | Other. Specify | |
| | Education | |
| Harris & Harris | Last 4 digits of account number | \$207.45 |
| Nonpriority Creditor's Name 111 West Jackson Blvd Ste 400 Chicago, IL 60604 | When was the debt incurred? 2018 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection: NICOR Gas CO | |
| Mclean County Dept of Public Health | Last 4 digits of account number | \$302.44 |
| Nonpriority Creditor's Name 200 W Front St Bloomington, IL 61701 | When was the debt incurred? 2016 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Medical Services | |

| Dawn Marie Nobiling | Case number (if known) | |
|--|---|---------|
| PRO Com Services of IL Inc | Last 4 digits of account number | \$85.0 |
| Nonpriority Creditor's Name 3301 Constitution Dr | When was the debt incurred? 2015 | |
| Springfield, IL 62711 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection: Sugar Creek Ortho | |
| Professional Account Management LLC | Last 4 digits of account number | \$214.1 |
| Nonpriority Creditor's Name PO BOX 741 Milwaukee, WI 53201 | When was the debt incurred? 2018 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify Fees | |
| Sequium Asset Solutions Inc | Last 4 digits of account number | \$152.0 |
| Nonpriority Creditor's Name 130 Northchase Pk Ste 150 Marietta, GA 30067 | When was the debt incurred? 2018 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| \square Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection: Direct TV | |

| Debt | or 1 Dawn Marie Nobiling | Case number (if known) | |
|----------|---|---|------------------|
| 4.1 7 | Synchrony Bank / Ashley Home Stores | Last 4 digits of account number | \$2,586.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO BOX 965060 | When was the debt incurred? 2014 | |
| | Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card Purchases | |
| 4.1 8 | Synchrony Bank / JCP | Last 4 digits of account number | \$410.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO BOX 965060 | When was the debt incurred? 2017 | |
| | Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | Student loans | |
| | debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | ■ Other. Specify Credit Card Purchases | |
| 4.1 | Complete and Part / Malmont | | ₾4.055.00 |
| 9 | Synchrony Bank / Walmart Nonpriority Creditor's Name | Last 4 digits of account number | \$1,055.00 |
| | Attn: Bankruptcy PO BOX 965060 Orlando, FL 32896 | When was the debt incurred? 2012 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | | |
| | Yes | ■ Other. Specify Credit Card Purchases | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Schedule E/F: Creditors Who Have Unsecured Claims

is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Official Form 106 E/F

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency

| Debtor 1 Da | awn Ma | rie Nobiling | | Case nui | umber (if known) | | | |
|--|-----------|---|--|---|---|--|--|--|
| | | reditor for any of the debts in Parts 1 or 2, do not fill ou | | dditional cre | editors here. If you do not have additional persons to be | | | |
| Name and Add Advanced | | nter Tech LLC | On which entry in Part 1 or Part 2 did Line 4.18 of (<i>Check one</i>): | | riginal creditor? Creditors with Priority Unsecured Claims | | | |
| 1235 Westl | lake Dr | Ste 160 | er (erroux erro). | | Creditors with Nonpriority Unsecured Claims | | | |
| Berwyn, P | A 19312 | | Last 4 digits of account number | | | | | |
| Name and Add | | | On which entry in Part 1 or Part 2 did | you list the ori | riginal creditor? | | | |
| Alltran Fina PO BOX 61 | | | Line 4.1 of (Check one): | | Creditors with Priority Unsecured Claims | | | |
| Madison, V | |) | Last 4 digits of account number | ■ Part 2: C | Creditors with Nonpriority Unsecured Claims | | | |
| Name and Add | dress | | On which entry in Part 1 or Part 2 did | you list the or | riginal creditor? | | | |
| Credence Resource Management LLC 17000 Dallas Pkwy Ste 204 | | | Line 4.16 of (Check one): | | Creditors with Priority Unsecured Claims | | | |
| | | | | Part 2: C | Creditors with Nonpriority Unsecured Claims | | | |
| Dallas, TX 75248 | | | Lock 4 digita of account number | | | | | |
| | | | Last 4 digits of account number | | | | | |
| Name and Address DirecTV | | | On which entry in Part 1 or Part 2 did Line 4.16 of (<i>Check one</i>): | | riginal creditor? Creditors with Priority Unsecured Claims | | | |
| Attn: Bankruptcy Claims PO BOX 6550 | | | | | Creditors with Nonpriority Unsecured Claims | | | |
| Englewood, CO 80155 | | | | | | | | |
| | | | Last 4 digits of account number | Last 4 digits of account number | | | | |
| Name and Address Encore Receivables Management | | | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.17 of (Check one): | | | | | |
| Inc | | ,3 Management | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| 400 N Rogers RD PO BOX 3330 | | | | | , | | | |
| Olathe, KS | | | Land Authority of account according | | | | | |
| | | | Last 4 digits of account number | | | | | |
| Name and Add Mccarthy E | | & Wolff | On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | |
| 26000 Can | non Rd | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| Bedford, O |)H 4414t | • | Last 4 digits of account number | | | | | |
| Name and Add | | | On which entry in Part 1 or Part 2 did | - | | | | |
| OSF Medic PO BOX 91 | | р | Line 4.8 of (Check one): | _ | | | | |
| Chicago, IL | | | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| | | | Last 4 digits of account number | | | | | |
| Name and Add Portfolio R | | / Associates | On which entry in Part 1 or Part 2 did Line 4.4 of (<i>Check one</i>): | | riginal creditor? Creditors with Priority Unsecured Claims | | | |
| 120 Corpor | rate Blv | | | | Creditors with Nonpriority Unsecured Claims | | | |
| Norfolk, VA | 4 23302 | | Last 4 digits of account number | Last 4 digits of account number | | | | |
| Name and Add | | | On which entry in Part 1 or Part 2 did | you list the ori | riginal creditor? | | | |
| Westervelt 411 Hamilt | | on Nicoll & Keller | Line 4.6 of (Check one): | | Creditors with Priority Unsecured Claims | | | |
| Peoria, IL 61602 | | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | |
| | | | Last 4 digits of account number | | | | | |
| Part 4: Ad | dd the Ar | mounts for Each Type of | Unsecured Claim | | | | | |
| 6. Total the am type of unse | | | claims. This information is for statistic | al reporting p | purposes only. 28 U.S.C. §159. Add the amounts for each | | | |
| | ^ | Demostic (C.1.P) | | 0- | Total Claim | | | |
| Total | 6a. | Domestic support obligati | ons | 6a. | \$0.00_ | | | |
| claims from Part 1 | 6b. | Taxes and certain other de | ebts you owe the government | 6b. | \$ 0.00 | | | |
| | 6c. | | nal injury while you were intoxicated | 6c. | \$ | | | |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 8 of 9

Debtor 1 Dawn Marie Nobiling Case number (if known) 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 0.00 **Total Claim** Student loans 6f 6f. 4,872.00 Total claims Obligations arising out of a separation agreement or divorce that from Part 2 0.00 6g. you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 34,543.99

6j.

39,415.99

Total Nonpriority. Add lines 6f through 6i.

| Fill in this information to identify your case: | | | | | | | | |
|---|--------------------------|--------------------|------------|--|--|------------------------------------|--|--|
| Debtor 1 | Dawn Marie Nobi | ling | | | | | | |
| | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | | | | | |
| Case number _ | | | | | | Check if this is an amended filing | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have the Street, City, State and ZIF | e contract or lease Code | State what the contract or lease is for |
|-----|-----------|------------------------------|---|-----------------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | Oity | | Otato | 211 0000 | |
| 0 | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |
| 2.4 | Oity | | Olate | Zii Oode | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | | | | | |
| 0.5 | City | | State | ZIP Code | |
| 2.5 | | | | | <u> </u> |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | <u> </u> |

| ☐ Check if this is an amended filing |
|---|
| 12/15 |
| is possible. If two married ed, copy the Additional Page, any Additional Pages, write |
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| tes and territories include |
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| th you. List the person show reditor on Schedule D (Officia |
| edule E/F, or Schedule G to fi |
| edule E/F, or Schedule G to fi or to whom you owe the debt at apply: |
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Official Form 106H Schedule H: Your Codebtors Page 1 of 1
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19-40435-mar Doc 1 Filed 01/12/19 Entered 01/12/19 14:11:54 Page 30 of 52

| Fill | in this information to identify your o | race: | | | | | | | |
|--------------------|---|---|---|----------------------|--------------------|---|--------------------------|--------------------------------|-----------------|
| | otor 1 Dawn Marie | | | | | | | | |
| | otor 2 | | | | _ | | | | |
| Uni | ted States Bankruptcy Court for the | e: _EASTERN DISTRICT | OF MICHIGAN | | | | | | |
| | se number nown) | | - | | | Check if this is: An amende A supplementation | ent showing | g postpetition | chapter |
| 0 | fficial Form 106I | | | | | MM / DD/ Y | | moving date. | |
| S | chedule I: Your Inc | ome | | | | IVIIVI / DD/ T | | | 12/15 |
| sup spo atta | as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filli ur spouse is not filing wi On the top of any additi | ng jointly, and your s ith you, do not includ | pouse i le inforr | s living nation | with you, incluated with your spoots | ude inform use. If mo | nation about ore space is r | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Debtor 2 | or non-fil | ing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Emplo | , | | |
| | employers. | Occupation | Legal Assistant | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Law of Michael | Stillma | n | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 30057 Orchard L 200 Farmington, MI | | l Ste | | | | |
| | | How long employed the | here? 12 Mont | hs | | | | | |
| Par | Give Details About Mo | nthly Income | | | | | | | |
| spou If yo | mate monthly income as of the cuse unless you are separated. u or your non-filing spouse have me space, attach a separate sheet to | ore than one employer, co | , g | | • | | | · | J |
| | | | | | Fo | or Debtor 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,426.67 | \$ | N/A | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | N/A | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 2,426.67 | \$ | N/A | |
| | | | | | | | | | |

| N/A Copy line 4 here 4. \$ 2,426.67 \$ N/A | |
|---|----------|
| 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$ 373.90 \$ N/A 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ N/A 5e. Insurance 5e. \$ 0.00 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. \$ 0.00 \$ N/A 5h. Other deductions. Specify: 5h.+ \$ 0.00 + \$ N/A | |
| 5a. Tax, Medicare, and Social Security deductions 5a. \$ 373.90 \$ N/A 5b. Mandatory contributions for retirement plans 5b. 0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. 0.00 \$ N/A 5d. Required repayments of retirement fund loans 5d. 0.00 \$ N/A 5e. Insurance 5e. 0.00 \$ N/A 5f. Domestic support obligations 5f. 0.00 \$ N/A 5g. Union dues 5g. 0.00 \$ N/A 5h. Other deductions. Specify: 5h.+ 0.00 + \$ N/A | |
| 5b. Mandatory contributions for retirement plans 5b. \$ 0.00 \$ N/A 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ N/A 5e. Insurance 5e. \$ 0.00 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. \$ 0.00 \$ N/A 5h. Other deductions. Specify: 5h.+ \$ 0.00 + N/A | |
| 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ N/A 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ N/A 5e. Insurance 5e. \$ 0.00 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. \$ 0.00 \$ N/A 5h. Other deductions. Specify: 5h.+ \$ 0.00 + N/A | |
| 5d. Required repayments of retirement fund loans 5d. \$ 0.00 \$ N/A 5e. Insurance 5e. \$ 0.00 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. \$ 0.00 \$ N/A 5h. Other deductions. Specify: 5h.+ \$ 0.00 + \$ N/A | |
| 5e. Insurance 5e. \$ 0.00 \$ N/A 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. \$ 0.00 \$ N/A 5h. Other deductions. Specify: 5h.+ \$ 0.00 + \$ N/A | |
| 5f. Domestic support obligations 5f. \$ 0.00 \$ N/A 5g. Union dues 5g. \$ 0.00 \$ N/A 5h. Other deductions. Specify: 5h. + \$ 0.00 + \$ N/A | |
| 5g. Union dues 5g. \$ 0.00 \$ N/A 5h. Other deductions. Specify: 5h.+ \$ 0.00 + \$ N/A | |
| 5h. Other deductions. Specify: 5h.+ \$ 0.00 + \$ N/A | |
| | |
| | |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 373.90 \$ N/A | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ | |
| 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | |
| monthly net income. 8a. \$ 0.00 \$ N/A | |
| 8b. Interest and dividends 8b. \$ 0.00 \$ N/A | |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 400.00 \$ N/A | |
| 8d. Unemployment compensation 8d. \$ 0.00 \$ N/A | |
| 8e. Social Security 8e. \$ 0.00 \$ N/A | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. \$ 0.00 \$ N/A | |
| 8g. Pension or retirement income 8g. \$ 0.00 \$ N/A | |
| 8h. Other monthly income. Specify: 8h.+ \$ 0.00 + \$ N/A | |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$_\$ 400.00 \$_\$ _\ N/A | |
| 10. Calculate monthly income. Add line 7 + line 9. 10. \$ 2,452.77 + \$ N/A = \$ 2,4 | 2,452.77 |
| Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | _, .0 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ | 2,452.77 |
| Combined | |
| 13. Do you expect an increase or decrease within the year after you file this form? No. | income |
| ☐ Yes. Explain: | |

| Fill | in this informat | tion to identify yo | our case: | | | | | | | |
|------------|---------------------------------|-------------------------------------|----------------------------|---|-------------------------|---|--------------------------------------|---|--|--|
| Deb | Debtor 1 Dawn Marie Nobiling | | | | | | Check if this is: An amended filing | | | |
| | otor 2 | | | | | An arrended filling A supplement showing postpetition chapter 13 expenses as of the following date: | | | | |
| | | untcy Court for the | · FASTE | RN DISTRICT OF MICH | HGAN | | MM / DD / YYYY | ————— | | |
| | | upicy Court for the | . LAGIL | KIN DIGTRICT OF WHOL | IIOAN | ." | //// DD/ 1111 | | | |
| 1 | e number nown) | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | |
| So | chedule | J: Your | Exper | ses | | | | 12/15 | | |
| Be info | as complete a | and accurate as | possible. | If two married people ch another sheet to th | | | | | | |
| Par | | ibe Your House | hold | | | | | | | |
| 1. | Is this a join | | | | | | | | | |
| | ■ No. Go to | | in a separa | ate household? | | | | | | |
| | No | | | | | | | | | |
| | = | - | st file Offici | al Form 106J-2, <i>Expens</i> | ses for Separate House | ehold of Debto | or 2. | | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | | |
| | Do not list De Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | | | Dependent's age | Does dependent live with you? | | |
| | Do not state dependents i | | | | | | | □ No □ Yes | | |
| | aoponaomo | namoo. | | | | | | □ No | | |
| | | | | | | | | ☐ Yes | | |
| | | | | | | | | □ No | | |
| | | | | | | | | ☐ Yes | | |
| | | | | | | | | □ No | | |
| 3. | Do your eyn | enses include | _ | | | | | ☐ Yes | | |
| J. | expenses of | f people other to d your depende | han $_{oldsymbol{\sqcap}}$ | No Yes | | | | | | |
| Par | t 2: Estima | ate Your Ongoi | ng Monthl | y Expenses | | | | | | |
| exp | | | | uptcy filing date unless y is filed. If this is a su | | | | pter 13 case to report f the form and fill in the | | |
| | | | | government assistanc | | | | | | |
| | value of such ficial Form 10 | | d have inc | luded it on Schedule I | l: Your Income | | Your expe | enses | | |
| 4. | | r home owners d any rent for the | | ses for your residence r lot. | . Include first mortgag | e 4. \$ | | 550.00 | | |
| | If not includ | ed in line 4: | | | | | | | | |
| | 4a. Real e | state taxes | | | | 4a. \$ | | 0.00 | | |
| | | rty, homeowner's | | | | 4b. \$ | | 0.00 | | |
| | | | | pkeep expenses | | 4c. \$ | | 0.00 | | |
| 5. | | owner's associat | | dominium dues our residence, such as | home equity loans | 4d. \$ 5. \$ | | 0.00 | | |
| ٥. | Additional | norigage payint | cinco for yo | ai residence, such as | nome equity loans | υ. φ | | 0.00 | | |

Schedule J: Your Expenses 19-40435-mar Doc 1 Filed 01/12/19 Entered 01/12/19 14:11:54 Page 33 of 52 Official Form 106J

| Fill in this infor | mation to identify your | case: | | | | | | |
|---|--|---------------------------|--------------------------|-----------------------|--|--|--|--|
| Debtor 1 | Dawn Marie Nobi | | | | | | | |
| D 14 0 | First Name | Middle Name | Last Name | | | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| (0,000000000000000000000000000000000000 | | | | | | | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | OF MICHIGAN | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | | ☐ Check if this is an | | | |
| | | | | | amended filing | | | |
| | tion About a | ın Individual | | | 12/15 | | | |
| If two married pe | eople are filing togethe | r, both are equally respo | nsible for supplying co | rrect information. | | | | |
| obtaining money years, or both. 1 | | n connection with a banl | | | atement, concealing property, or 000, or imprisonment for up to 20 | | | |
| Did you pa ■ No | y or agree to pay some | one who is NOT an attor | ney to help you fill out | bankruptcy forms? | | | | |
| ☐ Yes. N | Name of person | | | | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | |
| | lty of perjury, I declare e true and correct. | that I have read the sum | mary and schedules fil | ed with this declarat | tion and | | | |
| X /s/ Dav | vn Marie Nobiling | | X | | | | | |
| | Marie Nobiling re of Debtor 1 | | Signature o | of Debtor 2 | | | | |
| Date _ | January 09, 2019 | | Date | | | | | |
| | | | | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | in this inforr | nation to identify you | r case: | | | |
|---|---|--|--|------------------------------------|--|-------------------------------------|
| Deb | otor 1 | Dawn Marie Nob | piling | | | |
| D - I | 10 | First Name | Middle Name | Last Name | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| Cas | e number | | | | | |
| | own) | | | | | heck if this is an mended filing |
| Of | ficial Fo | rm 107 | | | · | |
| | | | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| info num | rmation. If m | ore space is needed, n). Answer every ques | attach a separate sheet to stion. | this form. On the top of any | equally responsible for sup additional pages, write you | |
| Par 1. | | Details About Your Ma r current marital statu | arital Status and Where You | Lived Before | | |
| | _ | | | | | |
| | ■ Married■ Not mai | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | ☐ Yes. Lis | t all of the places you l | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | ity property state or territory co, Texas, Washington and W | |
| | ■ N. | | | | - | , |
| | ■ No □ Yes. Ma | ake sure vou fill out <i>Sch</i> | hedule H: Your Codebtors (Of | ficial Form 106H). | | |
| | | | round in rour doublers (e. | | | |
| Par | t 2 Explai | in the Sources of You | r Income | | | |
| 4. | Fill in the total | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | _ | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | | | ■ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| Deb | otor 1 | Dawn Marie | Nobiling | | Cas | se number (if known) | | |
|-----|---------------|---------------------------------|--|--|--|-----------------------------------|--------------------|---|
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | | endar year: to December | 31, 2018) | ■ Wages, commissions, bonuses, tips | \$26,026.00 | ☐ Wages, comr bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | | endar year be to December | | ■ Wages, commissions, bonuses, tips | \$23,059.00 | ☐ Wages, comr bonuses, tips | missions, | |
| | | | | ☐ Operating a business | | Operating a b | ousiness | |
| | ■ No | | Ü | ome from each source separat Debtor 1 | ely. Do not include income t | that you listed in line Debtor 2 | e 4. | |
| | ⊔ Ye | s. Fill in the de | etails. | Debtor 1 Sources of income Describe below. | Gross income from each source | Debtor 2 Sources of inco | ome | Gross income (before deductions |
| | | | | | (before deductions and exclusions) | | | and exclusions) |
| Par | t 3: L | ist Certain Pa | yments You | Made Before You Filed for E | Bankruptcy | | | |
| 6. | Are eith ☐ No | n. Neither D oindividual | ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below 6 paid that cr | each creditor to whom you paid editor. Do not include paymen | mer debts. Consumer debt d purpose." d you pay any creditor a tota d a total of \$6,425* or more ts for domestic support oblig | al of \$6,425* or more | e? ments and th | e total amount you |
| | | * Subject | | payments to an attorney for th t on 4/01/19 and every 3 years | | or after the date of | adjustment. | |
| | ■ Ye | | | r both have primarily consure you filed for bankruptcy, did | | al of \$600 or more? | | |
| | | ■ No. | Go to line 7 | | | | | |
| | | ☐ Yes | include pay | each creditor to whom you paid ments for domestic support of this bankruptcy case. | | , | | |
| | Credito | or's Name and | d Address | Dates of paymen | nt Total amount paid | Amount you still owe | Was this p | ayment for |

| | Within 1 year before you filed for bankrupte Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gen control, or owner of 20% o | eral partners; partners or more of their voting | erships of which you | ou are a genera any managing a | al partner; corporations gent, including one for |
|-----|---|---|---|----------------------|-----------------------------------|---|
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No | | ments or transfer a | iny property on a | account of a d | ebt that benefited an |
| | Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Par | t 4: Identify Legal Actions, Repossession | ns. and Foreclosures | | | | |
| | Within 1 year before you filed for bankrupton List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garni | shed, attached | d, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | • | Value of the property |
| | | Explain what happened | i | | | ргорогту |
| | Citizens Equity FCU PO BOX 1715 | 2014 Nissn Maxima | | 2018 | 8 | Unknown |
| | Peoria, IL 61656 | ■ Property was reposse □ Property was foreclos □ Property was garnish □ Property was attached | sed. ed. | | | |
| | Lakeview Loan Servicings LLC | 1208 S Mason Bloon | nington IL 60170 | l 12-1 | 9-2018 | \$90,000.00 |
| | | ☐ Property was reposse | essed. | | | |
| | | ■ Property was foreclos | sed. | | | |
| | | ☐ Property was garnish | ed. | | | |
| | | ☐ Property was attached | d, seized or levied. | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec No | | luding a bank or fir | nancial institutio | n, set off any a | nmounts from your |
| | Yes. Fill in the details. Creditor Name and Address | Describe the action the | creditor took | Date | action was | Amount |
| | C. Callor Hamo and Address | Dood inc action the | Journal Look | take | | Amount |

Case number (if known)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 Dawn Marie Nobiling

| Dawn Marie Nobiling | Case number (| ir known) | | |
|--|--|--|--|--|
| | | | | |
| | | ssignee for the bene | fit of creditors, a | |
| No Yes | | | | |
| List Certain Gifts and Contributions | | | | |
| nin 2 years before you filed for bankruptcy, on No Yes. Fill in the details for each gift. | did you give any gifts with a total value of more th | nan \$600 per person? | • | |
| ts with a total value of more than \$600 person | Describe the gifts | Dates you gave the gifts | Value | |
| son to Whom You Gave the Gift and dress: | | | | |
| Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. | | | | |
| ts or contributions to charities that total re than \$600 arity's Name dress (Number, Street, City, State and ZIP Code) | Describe what you contributed | Dates you contributed | Value | |
| List Certain Losses | | | | |
| ambling? | since you filed for bankruptcy, did you lose anyt | hing because of thef | t, fire, other disaster, | |
| No Yes. Fill in the details. | | | | |
| v the loss occurred Include | e the amount that insurance has paid. List pending | Date of your loss | Value of property lost | |
| | ice claims on line 33 of Schedule AVB. Property. | | | |
| nin 1 year before you filed for bankruptcy, di sulted about seeking bankruptcy or prepari | ng a bankruptcy petition? | | ty to anyone you | |
| No | | | | |
| son Who Was Paid dress ail or website address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | |
| w Office of Rebekah Chor 21 Greenfield Rd. Ste. 2 arborn, MI 48120 bekah.Chor@gmail.com | Attorney Fees | 06-16-2018 | \$100.00 | |
| w Office of Rebekah Chor 21 Greenfield Rd. Ste. 2 arborn, MI 48120 bekah.Chor@gmail.com | Attorney Fees | 09-14-2018 | \$700.00 | |
| | List Certain Losses List Certain Payments or Transfers List Certain Payments or Transfers List Certain Losses List Certain Payments or Transfers List Certain Losses List C | in 1 year before you filed for bankruptcy, was any of your property in the possession of an ant-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions in 2 years before you filed for bankruptcy, did you give any gifts with a total value of more the No Yes. Fill in the details for each gift. s with a total value of more than \$600 person son to Whom You Gave the Gift and dress: in 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 Yes. Fill in the details for each gift or contribution. s or contributions to charities that total re than \$600 riftys Name fress (Number, Street, City, State and ZIP Code) List Certain Losses in 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anytambling? No Yes. Fill in the details. scribe the property you lost and the loss occurred List Certain Payments or Transfers Attorney Fees Attorney Fees Attorney Fees | in 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the bene t-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions in 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No Yes. Fill in the details for each gift. s with a total value of more than \$600 person son to Whom You Gave the Gift and fress: in 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than? No Yes. Fill in the details for each gift or contribution. s or contributions to charities that total retains for each gift or contribution. So or contributions to charities that total refers (window, firsted, City, State and ZIP Code) List Certain Losses in 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theff ambling? Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers in 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any proper suited about seeking bankruptcy or preparing a bankruptcy petition? de any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | |
|-----|---|--|--------------------------|-----------------|---|---|
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and vertransferred | alue of any prop | perty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already like No | ness or financial affa as security (such as the | irs? he granting of a | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and vo | | | any property or s received or debts schange | Date transfer was made |
| 10 | · | | | 164411 4 | | fushish was and a |
| 19. | Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection) | | y property to a | seit-settiea tr | ust or similar device of | or which you are a |
| | ■ No | , | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Name of trust | Description and v | alue of the prop | erty transfer | red | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Instru | uments, Safe Deposit | Boxes, and Sto | orage Units | | |
| 20. | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associated No Yes. Fill in the details. | other financial accour | nts; certificates | of deposit; sl | | |
| | | ast 4 digits of ccount number | Type of accou | cle me | ate account was osed, sold, oved, or ansferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables? | r before you filed for | bankruptcy, an | y safe depos | it box or other deposit | ory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 | year before y | ou filed for bankruptc | y? |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility | Who else has or h | ad access | Describe the | contents | Do you still |
| | Address (Number, Street, City, State and ZIP Code) | to it? Address (Number, State and ZIP Code) | | | | have it? |
| | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 5

| Pai | rt 9: Identify Property You Hold or Control for S | Someone Else | | | |
|-----|--|---|--|----------------------|--|
| 23. | Do you hold or control any property that someo for someone. | ne else owns? Include any prope | rty you borrowed from, are storing fo | or, or hold in trust | |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | |
| Par | rt 10: Give Details About Environmental Informa | ation | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | r, land, soil, surface water, groun | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | sites. | | | |
| | Hazardous material means anything an environment hazardous material, pollutant, contaminant, or s | | s waste, hazardous substance, toxic | substance, | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of whe | n they occurred. | | |
| 24. | Has any governmental unit notified you that you | ı may be liable or potentially liable | e under or in violation of an environm | nental law? | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any env | ironmental law? Include settlements | and orders. | |
| | ■ No | | | | |
| | Yes. Fill in the details. | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | |
| Pai | rt 11: Give Details About Your Business or Con | nections to Any Business | | | |
| 27. | Within 4 years before you filed for bankruptcy, o | did you own a business or have a | ny of the following connections to an | y business? | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | nip (LLP) | | |
| | ☐ A partner in a partnership | | | | |
| | ☐ An officer, director, or managing execut | ive of a corporation | | | |
| | An owner of at least 5% of the veting or | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Deb | otor 1 Dawn Marie Nobiling | Cas | se number (if known) | | |
|---|---|---|--|--|--|
| ■ No. None of the above applies. Go to Part 12. □ Yes. Check all that apply above and fill in the details below for each business. Business Name Describe the nature of the business Employer Identification number | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed | | |
| 28. | Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | |
| Par | t 12: Sign Below | | | | |
| are t with 18 U | | false statement, concealing property, or ob | leclare under penalty of perjury that the answers otaining money or property by fraud in connection rs, or both. | | |
| Da | wn Marie Nobiling nature of Debtor 1 | Signature of Debtor 2 | | | |
| Dat | e _January 09, 2019 | Date | | | |
| Did : | | nt of Financial Affairs for Individuals Filing | for Bankruptcy (Official Form 107)? | | |
| ■ N | | an attorney to help you fill out bankruptcy | | | |

United States Bankruptcy Court Eastern District of Michigan

| In re | Dawn Marie Nobiling | | | |
|-------|---------------------|-----------|---------|---|
| | | Debtor(s) | Chapter | 7 |

STATEMENT OF ATTORNEY FOR DEBTOR(S) PURSUANT TO F.R.BANKR.P. 2016(b)

The undersigned, pursuant to F.R.Bankr.P. 2016(b), states that:

- 1. The undersigned is the attorney for the Debtor(s) in this case.
- 2. The compensation paid or agreed to be paid by the Debtor(s) to the undersigned is: [Check one]
 - [**X**] FLAT FEE A. For legal services rendered in contemplation of and in connection with this case, 800.00 В. 800.00 C. 0.00 [] RETAINER A. В. The undersigned shall bill against the retainer at an hourly rate of \$_____. [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.
- 3. \$ **0.00** of the filing fee has been paid.
- 4. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: [Cross out any that do not apply.]
 - A. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - B. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - D. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - E. Reaffirmations;
 - F. Redemptions;
 - G. Other:
 - 1. The fee includes all necessary consultations with attorney to prepare bankruptcy petition and papers.
 - 2. The fee includes exemption planning
 - 3. The fee includes attendance at one (1) 341 First Meeting of Creditors
 - 4. The fee includes filing form B23 and Certificate of Debtor Education
- 5. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
 - 1. The fee does NOT include motions to compel Trustee's abandonment of property of the estate.
 - 2. The fee does NOT include negotiations with secured creditors to set market value.
 - 3. The fee does NOT include lien avoidance actions.
 - 4. The fee does NOT include defending against objections to the claimed exemptions of the debtor or a motion for turnover of the estate by the Trustee.
 - 5. The fee does NOT include representation for any motion brought by a secured creditor to lift the automatic stay for the reason that Client has failed to provide collateral protection insurance or failed to pay the secured creditor pursuant to the terms of the contract.
 - 6. The fee does NOT include payment for any extra hearings as a result of Client's failure to appear at a scheduled 341 Meeting of Creditors or failure to present necessary documentation or adequate identification.
 - 7. The fee does NOT include preparing for or attending an examination of the debtor pursuant to F.R.Bankr.P 2004 or any deposition or any examination successive to the 341 Meeting.
 - 8. The fee does NOT include payment for preparation for motions to extend deadlines, reinstate case or reopen case
 - 9. The fee does NOT include payments for any amendments to the Client's Petition, Schedules or Statements.
 - 10. The fee does NOT, under any circumstance, include representation in any adversary proceeding.
 - 11. The fee does NOT include recovery of exempt estate assets resulting from preferential transfers or post-petition transfers, including garnishments and other involuntary withholdings. Attorney shall charge a contingency fee of 20.0% of any amount recovered on behalf of the client.

| 6. | The source of | payments to | the undersigned | was from: |
|----|---------------|-------------|-----------------|-----------|
| | | | | |

| | | for services performed |
|----|--|------------------------|
| | | |
| XX | | |
| | | |

| | В. | Other (describe, including the identity of | f payor) |
|---------|----------------------|--|--|
| | C | hared or agreed to share, with any other pe ation paid or to be paid except as follows: | rson, other than with members of the undersigned's law firm or |
| Dated: | January 09, 2019 | | /s/ Rebekah L. Chor |
| | | | Attorney for the Debtor(s) |
| | | | Rebekah L. Chor P75978 |
| | | | Law Office of Rebekah Chor |
| | | | 3321 Greenfield Rd. Ste. 2 |
| | | | Dearborn, MI 48120 |
| | | | (313) 724-7890 Rebekah.Chor@gmail.com |
| Agreed: | /s/ Dawn Marie Nobil | ing | |
| | Dawn Marie Nobiling | | |
| | Debtor | | Debtor |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| In re | Dawn Marie Nobiling | | Case No. |
|---------|-------------------------------------|--|--|
| | | Debtor(s) | Chapter 7 |
| | VERII | FICATION OF CREDITOR | MATRIX |
| The abo | ove-named Debtor hereby verifies th | nat the attached list of creditors is true and c | orrect to the best of his/her knowledge. |
| Date: | January 09, 2019 | /s/ Dawn Marie Nobiling | |
| | - | Dawn Marie Nobiling | |
| | | Signature of Debtor | |

Advanced Call Center Tech LLC 1235 Westlake Dr Ste 160 Berwyn, PA 19312

Alltran Financial PO BOX 610 Madison, WI 53790

Best Buy / CBNA PO BOX 6497 Sioux Falls, SD 57117

Capital One PO BOX 30281 Salt Lake City, UT 84130

Capital One PO BOX 30281 Salt Lake City, UT 84130

Capital One / Menards PO BOX 30253 Salt Lake City, UT 84130

Choice Recovery Inc P OBOX 20790 Columbus, OH 43220

Citizens Equity FCU PO BOX 1715 Peoria, IL 61656

Citizens Equity FCU PO BOX 1715 Peoria, IL 61656

Convergent Outsourcing Inc. 121 NE Jefferson St Ste 100 Peoria, IL 61602

Credence Resource Management LLC 17000 Dallas Pkwy Ste 204 Dallas, TX 75248

Credit Collection Services PO BOX 710 Plainville, CT 06062

DirecTV Attn: Bankruptcy Claims PO BOX 6550 Englewood, CO 80155

Encore Receivables Management Inc 400 N Rogers RD PO BOX 3330 Olathe, KS 66063

Enhanced Recovery Company PO BOX 57547 Jacksonville, FL 32241

Fedloan Servicing PO BOX 60610 Harrisburg, PA 17106

Harris & Harris 111 West Jackson Blvd Ste 400 Chicago, IL 60604

Loancare LLC PO BOX 8068 Virginia Beach, VA 23450

Loancare Servicing Center 3637 Sentara Way Ste 303 Virginia Beach, VA 23452

Mccarthy Burgess & Wolff 26000 Cannon Rd Bedford, OH 44146

Mclean County Dept of Public Health 200 W Front St Bloomington, IL 61701

MRLP 1 N Dearborn Ste 1200 Chicago, IL 60602 OSF Medical Group PO BOX 91011 Chicago, IL 60680

Portfolio Recovery Associates 120 Corporate Blvd Ste. 100 Norfolk, VA 23502

PRO Com Services of IL Inc 3301 Constitution Dr Springfield, IL 62711

Professional Account Management LLC PO BOX 741 Milwaukee, WI 53201

Sequium Asset Solutions Inc 130 Northchase Pk Ste 150 Marietta, GA 30067

State Farm Bank PO BOX 5961 Madison, WI 53705

Synchrony Bank / Ashley Home Stores Attn: Bankruptcy PO BOX 965060 Orlando, FL 32896

Synchrony Bank / JCP Attn: Bankruptcy PO BOX 965060 Orlando, FL 32896

Synchrony Bank / Walmart Attn: Bankruptcy PO BOX 965060 Orlando, FL 32896

Westervelt Johnson Nicoll & Keller 411 Hamilton Blvd Peoria, IL 61602